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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number	RCA 89210
		First Named Inventor	Aaron Hal Dinwiddie et al.
COMPLETE IF KNOWN			
Application Number	/		
Filing Date			
Group Art Unit			
Examiner Name			

As a below named Inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND APPARATUS FOR UPDATING COMPUTER CODE USING AN INTEGRATED CIRCUIT INTERFACE

the specification of which *(Title of the Invention)*

is attached hereto
OR
 was filed on November 3, 1999 as United States Application Number or PCT International

Application Number PCT/US99/25253 and was amended on (MM/DD/YYYY) December 21, 2000 (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above:

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign		Foreign Filing Date	Priority	Certified Copy Attached? YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/106,809	November 3, 1998	

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to:		<input type="checkbox"/> Customer Number or Bar Code Label	<input type="text"/>	OR <input checked="" type="checkbox"/> Correspondence address below
Name <u>Mr. Joseph S. Tripoli - Patent Operations</u>				
Address <u>THOMSON multimedia Licensing Inc.</u>				
Address <u>PO Box 5312</u>				
City <u>Princeton</u>		State <u>NJ</u>	ZIP <u>08540</u>	
Country <u>US</u>		Telephone <u>609-734-9875</u>		Fax <u>609-734-9700</u>
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>				
NAME OF SOLE OR FIRST INVENTOR :		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) <u>AARON HAL</u>		Family Name or Surname <u>DINWIDDIE</u>		
Inventor's Signature <i>Aaron Hal Dinwiddie</i>				Date <u>4/9/01</u>
Residence: City <u>CICERO</u>	State IN <u>IN</u>	Country US	Citizenship US	
Mailing Address				
Mailing Address 1075 Bear Cub Drive				
City Cicero	State IN	ZIP 46034	Country US	
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) <u>KEVIN EUGENE</u>		Family Name or Surname <u>NORTRUP</u>		
Inventor's Signature <i>Kevin Eugene Nortrup</i>				Date <u>4/19/01</u>
Residence: City <u>FAIRLAND</u>	State IN <u>IN</u>	Country US	Citizenship US	
Mailing Address				
Mailing Address 7477 North London Road				
City Fairland	State IN	ZIP 46126-9669	Country US	
<input checked="" type="checkbox"/> Additional inventors are being named on <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.				

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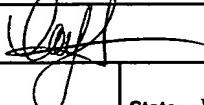
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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Page 3 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
<u>DEREK</u>		<u>LIU</u>		
Inventor's Signature				Date <u>4/11/2001</u>
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Mailing Address	12523 Pebble Knoll Way			
City	Carmel	State <u>IN</u>	ZIP <u>46033</u>	Country <u>US</u>
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
<u>YEFIM</u>		<u>VAYL</u>		
Inventor's Signature				Date <u>4.9.01</u>
Residence: City	<u>CARMEL</u>	State <u>IN</u>	Country <u>US</u>	Citizenship <u>US</u>
Mailing Address				
Mailing Address	14360 Witworth Drive			
City	Carmel	State <u>IN</u>	ZIP <u>46033-8610</u>	Country <u>US</u>
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature				Date
Residence: City		State	Country	Citizenship
Mailing Address				
Mailing Address				
City		State	ZIP	Country

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